

Temperature Log for Vaccines (Fahrenheit)

VFC PIN #: _____

Month: _____

Year: _____

Days 1-15

Place an "X" in the box that corresponds with the temperature. The hashed zones represent unacceptable temperature ranges. If the temperature recorded in the this zone: 1. **Store the vaccine** order proper conditions as quickly as possible; 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected; 3. **Call the Kansas Immunization Program** at 785-296-5591 for further assistance; 4. **Document the action taken** in the section provided below.

Rev.8-24-04

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Exact Time															
°F Temp															
≥49°															
48°															
47°															
46°															
45°															
44°															
43°															
42°															
41°															
40°															
39°															
38°															
37°															
36°															
35°															
34°															
33°															
32°															
31°															
30°															
29°															
≤28°															
Freezer Temp															
≥8°															
7°															
6°															
5°															
4°															
≤3°															
Staff Initials															

Take Immediate Action if Temperature is in the Shaded Area!

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Vaccine Storage Troubleshooting Report (If additional space needed, attach documentation.)

Date	Time	Unit Temp	Problem	Action Taken	Results	Initials

Temperature Log for Vaccines (Fahrenheit)

VFC PIN #: _____

Month: _____

Year: _____

Days 16-31

Place an "X" in the box that corresponds with the temperature. The hashed zones represent unacceptable temperature ranges. If the temperature recorded in the this zone: 1. **Store the vaccine** order proper conditions as quickly as possible; 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine(s) has been affected; 3. **Call the Kansas Immunization Program** at 785-296-5591 for further assistance; 4. **Document the action taken** in the section provided below.

Rev.8-24-04

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Exact Time																
°F Temp																
≥49°																
48°																
47°																
46°																
45°																
44°																
43°																
42°																
41°																
40°																
39°																
38°																
37°																
36°																
35°																
34°																
33°																
32°																
31°																
30°																
29°																
≤28°																
Freezer Temp	≥8°															
	7°															
	6°															
	5°															
	4°															
	≤3°															
Staff Initials																

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Vaccine Storage Troubleshooting Report (If additional space needed, attach documentation.)

Date	Time	Unit Temp	Problem	Action Taken	Results	Initials